

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 917 / 958

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle, Initial) of Payee Prolist Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 11</div> <div style="border: 1px solid black; padding: 2px;">D 02</div> <div style="border: 1px solid black; padding: 2px;">Y 2006</div> </div>	
Mailing Address 8341 Beechcraft Avenue		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8940.42</div>	
City Gaithersburg		State MD	
Zip Code 20879-1509		Transaction ID: 18031546	
Purpose of Expenditure Independent Expenditure - Postcards		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: Katherine Harris		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 2 <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">53190.01</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

Full Name (Last, First, Middle, Initial) of Payee Edmonds Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2006</div> </div>	
Mailing Address 8221 Old Courthouse Road, Suite 2		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10500.00</div>	
City Vienna		State VA	
Zip Code 22182		Transaction ID: 17443417	
Purpose of Expenditure Independent Expenditure - Radio Ads		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: Mr. James Talent		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: 2 <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">340744.75</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">19440.42</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

Signature

Date

M
06

D
01

Y
2007